

INDEPENDENT RENAL FACILITY COST REPORT DATA
FORM HCFA 265-94 FOR COST REPORTING PERIODS ENDING
ON OR AFTER DECEMBER 31, 1994

IDENTIFYING, INFORMATIONAL AND STATISTICAL DATA
SOURCES: FORM HCFA-265-94, WORKSHEET S
AND HCFA RECORDS

Field Name	<u>265-94</u> Line Col		Field Size	Usage	Location
R1 Provider Number	1	2	6	X	1-6
R2 Cost Report Beginning Date (YYYYMMDD)	5	1	8	9	7-14
R3 Cost Report Ending Date (YYYYMMDD)	5	2	8	9	15-22
R4 Number of Months in Cost Report Period			2	9	23-24
R5 Type of Control (See Table I)	6	1	1	X	25
Reserved for future use			2	X	26-27
R7 FIPS State Code (See Table II)			2	X	28-29
R8 FIPS County Code			3	X	30-32
R9 SSA State Code (See Table III)			2	X	33-34
R10 MSA/NECMA Code			4	X	35-38
R11 Fiscal Intermediary Number			5	X	39-43
R12 Cost Report Status (See Table IV)			1	X	44
R13 Census Division (See Table V)			1	X	45
R14 HCFA Region (See Table VI)			2	X	46-47
R15 Date FI Received Cost Report From Provider (YYYYMMDD)			8	9	48-55
R16 Type of Physician Reimbursement	7	1	1	X	56
R17 Was Facility Previously Hospital- Based Unit? (Y/N)	8	1	1	X	57

STATISTICAL DATA
SOURCE: FORM HCFA-265-94, WORKSHEET S-1

Field Name	<u>265-94</u> Line Col		Field Size	Usage	Location
R18 Physician FTE's	20	3	5	999.99	58-62
R19 Registered Nurse FTE's	21	3	5	999.99	63-67
R20 Licensed Practical Nurse FTE's	22	3	5	999.99	68-72
R21 Nurses Aide FTE's	23	3	5	999.99	73-77
R22 Technician FTE's	24	3	5	999.99	78-82
R23 Social Worker FTE's	25	3	5	999.99	83-87
R24 Dietician FTE's	26	3	5	999.99	88-92
R25 Number of Patients in Hemodialysis	3	1	5	9	93-97
R26 Number of Patients in Peritoneal Dialysis	3	2	5	9	98-102
R27 Number of Patients in Hemodialysis Dialysis Training	3	3	5	9	103-107
R28 Number of Patients in Peritoneal Dialysis Training	3	4	5	9	108-112
R29 Average Times per Week Patient Receives Hemodialysis	4	1	2	9	113-114
R30 Days per Week Outpatient Hemodialysis Furnished	5	1	2	9	115-116
R31 Days per Week Outpatient Peritoneal Dialysis Furnished	5	2	2	9	117-118
R32 Days per Week Hemodialysis Training Furnished	5	3	2	9	119-120
R33 Days per Week Peritoneal Dialysis Training Furnished	5	4	2	9	121-122
R34 Average Time of Treatment for Hemodialysis	6	1	5	999.99	123-127
R35 Average Time of Treatment for Peritoneal Dialysis	6	2	5	999.99	128-132
R36 Average Time of Treatment for Hemodialysis Training	6	3	5	999.99	133-137
R37 Average Time of Treatment for Peritoneal Dialysis Training	6	4	5	999.99	138-142

STATISTICAL DATA, WORKSHEET S-1 (cont.)

Field	<u>265-94</u>	Field
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Name	Line	Col	Size	Usage	Location
R38 Number of Hemodialysis Machines Regularly Available	7	1	3	9	143- 145
R39 Number of Peritoneal Dialysis Machines Regularly Available	7	2	3	9	146- 148
R40 Number of Hemodialysis Machines Regularly Available for Training	7	3	3	9	149- 151
R41 Number of Peritoneal Dialysis Machines Regularly Available for Training	7	4	3	9	152- 154
R42 Number of Standby Hemodialysis Machines	8	1	3	9	155- 149
R43 Number of Standby Peritoneal Dialysis Machines	8	2	3	9	158- 160
R44 Number of Standby Hemodialysis Machines for Training	8	3	3	9	161- 163
R45 Number of Standby Peritoneal Dialysis Machines for Training	8	4	3	9	164- 166
R46 Number of Shifts per Week Hemodialysis	9	1	3	9	167- 169
R47 Number of Shifts per Week Peritoneal Dialysis	9	2	3	9	170- 172
R48 Number of Shifts per Week Hemodialysis Training	9	3	3	9	173- 175
R49 Number of Shifts per Week Peritoneal Dialysis Training	9	4	3	9	176- 178
R50 Hours/Shift 1 - Hemodialysis	10. 1	1	5	999. 99	179- 183
R51 Hours/Shift 2 - Hemodialysis	10. 2	1	5	999. 99	184- 188
R52 Hours/Shift 3 - Hemodialysis	10. 3	1	5	999. 99	189- 193
R53 Hours/Shift 1 - Peritoneal Dialysis	10. 1	2	5	999. 99	194- 198
R54 Hours/Shift 2 - Peritoneal Dialysis	10. 2	2	5	999. 99	199- 203
R55 Hours/Shift 3 - Peritoneal Dialysis	10. 3	2	5	999. 99	204- 208
R56 Hours/Shift 1 - Hemodialysis Training	10. 1	3	5	999. 99	209- 213
R57 Hours/Shift 2 - Hemodialysis Training	10. 2	3	5	999. 99	214- 218
R58 Hours/Shift 3 - Hemodialysis Training	10. 3	3	5	999. 99	219- 223
R59 Hours/Shift 1 - Peritoneal Dialysis Training	10. 1	4	5	999. 99	224- 228
R60 Hours/Shift 2 - Peritoneal Dialysis Training	10. 2	4	5	999. 99	229- 233
R61 Hours/Shift 3 - Peritoneal	10. 3	4	5	999. 99	234- 238
R62 Times Dialyzers Reused (Hollow Fiber)	12. 1	2	3	9	239- 241
R63 Times Dialyzers Reused (Parallel Plate)	12. 2	2	3	9	242- 244
R64 Times Dialyzers Reused (Coil)	12. 3	2	3	9	245- 247
R65 Times Dialyzers Reused (Other)	12. 4	2	3	9	248- 250
R66 Number of Units of Epoetin Supplied	14	1	9	9	251- 259
R67 Number of Patients Awaiting Transplants	15	1	4	9	260- 263
R68 Number of Patients Receiving Transplants this Period	16	1	4	9	264- 267
R69 Number of Patients Commencing Home Dialysis Training this Period	17	1	4	9	268- 271
R70 Number of Patients Currently in Home Program	18	1	4	9	272- 275
R71 Total Capital Related & Operating Costs	5	4	9	9	276- 284
R72 Net Capital Related & Operating Costs	5	8	9	S9	285- 293
R73 Total Drug Costs	9	4	9	9	294- 302

TOTAL FACILITY COSTS
SOURCE: HCFA- 265- 94, WORKSHEET A

Field Name	265- 94 Line Col	Field Size	Usage	Location
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R74 Net Drug Costs	9	8	9	S9	303- 311
R75 Total Laboratory Costs	11	4	9	9	312- 320
R76 Net Laboratory Costs	11	8	9	S9	321- 329
R77 Total A&G, Int. Exp., Laundry, Med. Rcds, Phys. Srvc. & Other Costs	18	4	9	9	330- 338
R78 Net A&G, Int. Exp., Laundry, Med. Rcds, Phys. Srvc. & Other Costs	18	8	9	S9	339- 347
R79 Physicians' Services	19	4	9	9	348- 356
R80 Total Hepatitis B Vaccine Costs	21	4	9	9	357- 365
R81 Net Hepatitis B Vaccine Costs	21	8	9	S9	366- 374
R82 Physicians' Private Offices	22	4	9	9	375- 383
R83 Total Epoetin	23	4	9	9	384- 392
R84 Total Physicians Salaries	27	1	9	9	393- 401
R85 Total Other Salaries	27	2	9	9	402- 410
R86 Total All Expenses	27	4	9	9	411- 419
R87 Adjustments to Expenses	27	7	9	S9	420- 428
R88 Net Expenses for Cost Allocation	27	8	9	S9	429- 437

ADJUSTMENTS TO EXPENSES
SOURCE: HCFA- 265- 94, WORKSHEET A- 2

Field Name	<u>265- 94</u> Line Col		Field Size	Usage	Location
R89 Epoetin Rebate Adjustment	15	2	9	S9	438- 446
R90 Epoetin Expense Adjustment	16	2	9	S9	447- 455

ALLOCATION OF INDIVIDUAL COST COMPONENTS
SOURCE: FORM HCFA 265- 94 WORKSHEET B

Field Name	<u>265- 94</u> Line Col		Field Size	Usage	Location
R91 Separately Billable Drugs	2	11	9	9	456- 464
R92 Separately Billable Supplies	3	11	9	9	465- 473
R93 Separately Billable Laboratory Services	4	11	9	9	474- 482
R94 Blood and Blood Cells	5	11	9	9	483- 491
R95 Hepatitis B Vaccine	6	11	9	9	492- 500
R96 Capital Related, Operation, Maintenance (Bldgs & Fxtrs) Allocated to Hemodialysis Maintenance	7	2	9	9	501- 509
R97 Capital Related, Rental, Maintenance (Machines and Equipment) Allocated to Hemodialysis Maintenance	7	3	9	9	510- 518
R98 Salaries Allocated to Hemodialysis Maintenance	7	4	9	9	519- 527
R99 Employee Benefits Allocated to Hemodialysis Maintenance	7	5	9	9	528- 536
R100 Drug Costs Allocated to Hemodialysis Maintenance	7	6	9	9	537- 545
R101 Supply Costs Allocated to Hemodialysis Maintenance	7	7	9	9	546- 554
R102 Lab Costs Allocated to Hemodialysis Maintenance	7	8	9	9	555- 563
R103 A & G Costs Allocated to Hemodialysis Maintenance	7	10	9	9	564- 572
R104 Total Costs Allocated to Hemodialysis Maintenance	7	11	9	9	573- 581
R105 Capital Related, Operation, Maintenance (Bldgs & Fxtrs) Allocated to Peritoneal Dialysis Maintenance	8	2	9	9	582- 590

ALLOCATION OF INDIVIDUAL COST COMPONENTS
WORKSHEET B (cont.)

Field Name	<u>265- 94</u> Line Col		Field Size	Usage	Location
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R106	Capital Related, Rental, Maintenance (Mchnry & Eqpmt) Allocated to Peritoneal Dialysis Maintenance	8	3	9	9	591- 599
R107	Salaries Allocated to Peritoneal Dialysis Maintenance	8	4	9	9	600- 608
R108	Employee Benefits Allocated to Peritoneal Dialysis Maintenance	8	5	9	9	609- 617
R109	Drug Costs Allocated to Peritoneal Dialysis Maintenance	8	6	9	9	618- 626
R110	Supply Costs Allocated to Peritoneal Dialysis Maintenance	8	7	9	9	627- 635
R111	Lab Costs Allocated to Peritoneal Dialysis Maintenance	8	8	9	9	636- 644
R112	A & G Costs Allocated to Peritoneal Dialysis Maintenance	8	10	9	9	645- 653
R113	Total Costs Allocated to Peritoneal Dialysis Maintenance	8	11	9	9	654- 662
R114	Capital Related, Operation, Maintenance (Bldgs & Fxtrs) Allocated to Hemodialysis Training	9	2	9	9	663- 671
R115	Capital Related, Rental, Maintenance (Mchnry & Eqpmt) Allocated to Hemodialysis Training	9	3	9	9	672- 680
R116	Salaries Allocated to Hemodialysis Training	9	4	9	9	681- 689
R117	Employee Benefits Allocated to Hemodialysis Training	9	5	9	9	690- 698
R118	Drug Costs Allocated to Hemodialysis Training	9	6	9	9	699- 707
R119	Supply Costs Allocated to Hemodialysis Training	9	7	9	9	708- 716
R120	Lab Costs Allocated to Hemodialysis Training	9	8	9	9	717- 725
R121	A & G Costs Allocated to Hemodialysis Training	9	10	9	9	726- 734
R122	Total Costs Allocated to Hemodialysis Training	9	11	9	9	735- 743
R123	Capital Related, Operation, Maintenance (Bldgs & Fxtrs) Allocated to Peritoneal Dialysis Training	10	2	9	9	744- 752
R124	Capital Related, Rental, Maintenance (Mchnry & Eqpmt) Allocated to Peritoneal Dialysis Training	10	3	9	9	753- 761
R125	Salaries Allocated to Peritoneal Dialysis Training	10	4	9	9	762- 770
R126	Employee Benefits Allocated to Peritoneal Dialysis Training	10	5	9	9	771- 779
R127	Drug Costs Allocated to Peritoneal Dialysis Training	10	6	9	9	780- 788
R128	Supply Costs Allocated to Peritoneal Dialysis Training	10	7	9	9	789- 797
R129	Lab Costs Allocated to Peritoneal Dialysis Training	10	8	9	9	798- 806
R130	A & G Costs Allocated to Peritoneal Dialysis Training	10	10	9	9	807- 815
R131	Total Costs Allocated to Peritoneal Dialysis Training	10	11	9	9	816- 824
R132	Capital Related, Operation, Maintenance (Bldgs & Fxtrs) Allocated to CAP Dialysis Training	11	2	9	9	825- 833

ALLOCATION OF INDIVIDUAL COST COMPONENTS
WORKSHEET B (cont.)

Field Name	265- 94 Line Col		Field Size	Usage	Location
R133 Capital Related, Rental, Maintenance (Mchnry & Eqpmt) Allocated to CAP Dialysis Training	11	3	9	9	834- 842

R134	Salaries Allocated to CAPD Training	11	4	9	9	843-851
R135	Employee Benefits Allocated to CAPD Training	11	5	9	9	852-860
R136	Drug Costs Allocated to CAPD Training	11	6	9	9	861-869
R137	Supply Costs Allocated to CAPD Training	11	7	9	9	870-878
R138	Lab Costs Allocated to CAPD Training	11	8	9	9	879-887
R139	A & G Costs Allocated to CAPD Training	11	10	9	9	888-896
R140	Total Costs Allocated to CAPD Training	11	11	9	9	897-905
R141	Capital Related, Operation, Maintenance (Bldgs & Fxtrs) Allocated to CCP Dialysis Training	12	2	9	9	906-914
R142	Capital Related, Rental, Maintenance (Mchnry & Eqpmt) Allocated to CCP Dialysis Training	12	3	9	9	915-923
R143	Salaries Allocated to CAPD Training	12	4	9	9	924-932
R144	Employee Benefits Allocated to CCPD Training	12	5	9	9	933-941
R145	Drug Costs Allocated to CAPD Training	12	6	9	9	942-950
R146	Supply Costs Allocated to CCPD Training	12	7	9	9	951-959
R147	Lab Costs Allocated to CCPD Training	12	8	9	9	960-968
R148	A & G Costs Allocated to CCPD Training	12	10	9	9	969-977
R149	Total Costs Allocated to CCPD Training	12	11	9	9	978-986
R150	Capital Related, Operation, Maintenance (Bldgs & Fxtrs) Allocated to Home Program Hemodialysis	13	2	9	9	987-995
R151	Capital Related, Rental, Maintenance (Mchnry & Eqpmt) Allocated to Home Program Hemodialysis	13	3	9	9	996-1004
R152	Salaries Allocated to Home Program Hemodialysis	13	4	9	9	1005-1013
R153	Employee Benefits Allocated to Home Program Hemodialysis	13	5	9	9	1014-1022
R154	Drug Costs Allocated to Home Program Hemodialysis	13	6	9	9	1023-1031
R155	Supply Costs Allocated to Home Program Hemodialysis	13	7	9	9	1032-1040
R156	Lab Costs Allocated to Home Program Hemodialysis	13	8	9	9	1041-1049
R157	A & G Costs Allocated to Home Program Hemodialysis	13	10	9	9	1050-1058
R158	Total Costs Allocated to Home Program Hemodialysis	13	11	9	9	1059-1067
R159	Capital Related, Operation, Maintenance (Bldgs & Fxtrs) Allocated to Home Program Peritoneal Dialysis	14	2	9	9	1068-1076
R160	Capital Related, Rental, Maintenance (Mchnry & Eqpmt) Allocated to Home Program Peritoneal Dialysis	14	3	9	9	1077-1085
R161	Salaries Allocated to Home Program Peritoneal Dialysis	14	4	9	9	1086-1094
R162	Employee Benefits Allocated to Home Program Peritoneal Dialysis	14	5	9	9	1095-1103
R163	Drug Costs Allocated to Home Program Peritoneal Dialysis	14	6	9	9	1104-1112
R164	Supply Costs Allocated to Home Program Peritoneal Dialysis	14	7	9	9	1113-1121
R165	Lab Costs Allocated to Home Program Peritoneal Dialysis	14	8	9	9	1122-1130

ALLOCATION OF INDIVIDUAL COST COMPONENTS
WORKSHEET B (cont.)

Field Name	<u>265-94</u> Line Col		Field Size	Usage	Location
R166	A & G Costs Allocated to Home Program Peritoneal Dialysis	14 10	9	9	1131-1139
R167	Total Costs Allocated to Home Program Peritoneal Dialysis	14 11	9	9	1140-1148

R168	Capital Related, Operation, Maintenance (Bdgs & Fxtrs) Allocated to Home Program	15	2	9	9	1149-1157
R169	Capital Related, Rental, Maintenance (Mchnry & Eqpmt) Allocated to Home Program CAP Dialysis	15	3	9	9	1158-1166
R170	Salaries for Allocated to Home Program CAPD	15	4	9	9	1167-1175
R171	Employee Benefits Allocated to Home Program CAPD	15	5	9	9	1176-1184
R172	Drug Costs Allocated to Home Program CAPD	15	6	9	9	1185-1193
R173	Supply Costs Allocated to Home Program CAPD	15	7	9	9	1194-1202
R174	Lab Costs Allocated to Home Program CAPD	15	8	9	9	1203-1211
R175	A & G Costs Allocated to Home Program CAPD	15	10	9	9	1212-1220
R176	Total Costs Allocated to Home Program CAPD	15	11	9	9	1221-1229
R177	Capital Related, Operation, Maintenance (Bdgs & Fxtrs) Allocated to Home Program CCP Dialysis	16	2	9	9	1230-1238
R178	Capital Related, Rental, Maintenance (Mchnry & Eqpmt) Allocated to Home Program CCP Dialysis	16	3	9	9	1239-1247
R179	Salaries for Allocated to Home Program CCPD	16	4	9	9	1248-1256
R180	Employee Benefits Allocated to Home Program CCPD	16	5	9	9	1257-1265
R181	Drug Costs Allocated to Home Program CCPD	16	6	9	9	1266-1274
R182	Supply Costs Allocated to Home Program CCPD	16	7	9	9	1275-1283
R183	Lab Costs Allocated to Home Program CCPD	16	8	9	9	1284-1292
R184	A & G Costs Allocated to Home Program CCPD	16	10	9	9	1293-1301
R185	Total Costs Allocated to Home Program CCPD	16	11	9	9	1302-1310
R186	Physician's Private Offices	17	11	9	9	1311-1319
R187	Method II Patients	18	11	9	9	1320-1328
R188	Total Capital Related, Operation & Maintenance (Bldgs & Fxtrs)	21	2	9	9	1329-1337
R189	Total Capital Related, Operation & Maintenance (Mchnry & Eqpmt)	21	3	9	9	1338-1346
R190	Total Salaries	21	4	9	9	1347-1355
R191	Total Employee Benefits	21	5	9	9	1356-1364
R192	Total Drug Costs	21	6	9	9	1365-1373
R193	Total Supply Costs	21	7	9	9	1374-1382
R194	Total Laboratory Costs	21	8	9	9	1383-1391
R195	Total A & G Costs	21	10	9	9	1392-1400
R196	Total Net Expenses for Allocation	21	11	9	9	1401-1409

STATISTICAL BASIS FOR COST ALLOCATION
SOURCE: FORM HCFA 265-94 WORKSHEET B-1

Field Name	265-94 Line Col		Field Size	Usage	Location
R197	Direct Patient Care Hours for Hemodialysis Maintenance	7 4	9	9	1410-1418
R198	Direct Patient Care Hours for Peritoneal Dialysis Maintenance	8 4	9	9	1419-1427
R199	Direct Patient Care Hours for Hemodialysis Training	9 4	9	9	1428-1436
R200	Direct Patient Care Hours for	10 4	9	9	1437-1445

R201	Peritoneal Dialysis Training	11	4	9	9	1446-1454
R202	Direct Patient Care Hours for CAP Dialysis Training	12	4	9	9	1455-1463
R203	Direct Patient Care Hours for CCP Dialysis Training	13	4	9	9	1464-1472
R204	Direct Patient Care Hours for Home Program Hemodialysis	14	4	9	9	1473-1481
R205	Direct Patient Care Hours for Home Program Peritoneal Dialysis	15	4	9	9	1482-1490
R206	Direct Patient Care Hours for Home Program CAP Dialysis	16	4	9	9	1491-1499

NUMBERS OF DIALYSIS TREATMENTS
SOURCE: FORM HCFA 265-94 WORKSHEET C

Field Name	265-94 Line Col	Field Size	Usage	Location
R207 Total Hemodialysis Maintenance	1 1	5	9	1500-1504
R208 Average Cost per Treatment	1 3	5	999.99	1505-1509
R209 Medicare Hemodialysis Maintenance	1 4	5	9	1510-1514
R210 Medicare Payment Rate	1 6	5	999.99	1515-1519
R211 Total Peritoneal Dialysis Maintenance	2 1	5	9	1520-1524
R212 Average Cost per Treatment	2 3	5	999.99	1525-1529
R213 Medicare Peritoneal Dialysis Maintenance	2 4	5	9	1530-1534
R214 Medicare Payment Rate	2 6	5	999.99	1535-1539
R215 Total Hemodialysis Training	3 1	5	9	1540-1544
R216 Average Cost per Treatment	3 3	5	999.99	1545-1549
R217 Medicare Hemodialysis Training	3 4	5	9	1550-1554
R218 Medicare Payment Rate	3 6	5	999.99	1555-1559
R219 Total Peritoneal Dialysis Training	4 1	5	9	1560-1564
R220 Average Cost per Treatment	4 3	5	999.99	1565-1569
R221 Medicare Peritoneal Dialysis Training	4 4	5	9	1570-1574
R222 Medicare Payment Rate	4 6	5	999.99	1575-1579
R223 Total CAP Dialysis Training	5 1	5	9	1580-1584
R224 Average Cost per Treatment	5 3	5	999.99	1585-1589
R225 Medicare CAP Dialysis Training	5 4	5	9	1590-1594
R226 Medicare Payment Rate	5 6	5	999.99	1595-1599
R227 Total CCP Dialysis Training	6 1	5	9	1600-1604
R228 Average Cost per Treatment	6 3	5	999.99	1605-1609
R229 Medicare CCP Dialysis Training	6 4	5	9	1610-1614
R230 Medicare Payment Rate	6 6	5	999.99	1615-1619
R231 Total Home Program Hemodialysis	7 1	5	9	1620-1624
R232 Average Cost per Treatment	7 3	5	999.99	1625-1629
R233 Medicare Home Program Hemodialysis	7 4	5	9	1630-1634
R234 Medicare Payment Rate	7 6	5	999.99	1635-1639
R235 Total Home Program Peritoneal Dialysis	8 1	5	9	1640-1644
R236 Average Cost per Treatment	8 3	5	999.99	1645-1649
R237 Medicare Home Program Peritoneal Dialysis	8 4	5	9	1650-1654
R238 Medicare Payment Rate	8 6	5	999.99	1655-1659
R239 Total Home Program CAP Dialysis Weeks	9 1	5	9	1660-1664
R240 Average Cost per Treatment	9 3	5	999.99	1665-1669

NUMBER OF DIALYSIS TREATMENTS
WORKSHEET C (cont.)

Field Name	265-94 Line Col	Field Size	Usage	Location
R241 Medicare Home Program CAP Dialysis Weeks	9 4	5	9	1670-1674
R242 Medicare Payment Rate	9 6	5	999.99	1675-1679
R243 Total Home Program CCP Dialysis Weeks	10 1	5	9	1680-1684
R244 Average Cost per Treatment	10 3	5	999.99	1685-1689
R245 Medicare Home Program CCP Dialysis Weeks	10 4	5	9	1690-1694
R246 Medicare Payment Rate	10 6	5	999.99	1695-1699

CALCULATION OF REIMBURSEABLE BAD DEBTS
SOURCE: FORM HCFA 265-94 WORKSHEET D

Field Name	<u>265-94</u> Line Col	Field Size	Usage	Location
R247 Amount to be Recovered from Medicare Patients	4 1	9	9	1700-1708
R248 Deductibles and Coinsurance Billed to Medicare Patients	5 1	9	9	1709-1717
R249 Net Bad Debts - Deductibles & Coinsurance	6 1	9	9	1718-1726
R250 Unrecovered from Medicare Patients	8 1	9	9	1727-1735
R251 Reimbursable Bad Debt Amount	9 1	9	9	1736-1744

IDENTIFICATION OF PARENT ORGANIZATION
SOURCE: FORM HCFA 265-94 WORKSHEET S

R252 Chain Organization Name	9.01 1	35	X	1745-1779
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Table I: Type of Control (R5)

A = Sole Proprietary	B = Partnership
C = Corporation	D = Non-profit
E = Other	N = Not Reported

Table II: FIPS State Codes (R7)

01 = Alabama	02 = Alaska	04 = Arizona
05 = Arkansas	06 = California	08 = Colorado
09 = Connecticut	10 = Delaware	11 = Washington, D. C.
12 = Florida	13 = Georgia	15 = Hawaii
16 = Idaho	17 = Illinois	18 = Indiana

19 = Iowa	20 = Kansas	21 = Kentucky
22 = Louisiana	23 = Maine	24 = Maryland
25 = Massachusetts	26 = Michigan	27 = Minnesota
28 = Mississippi	29 = Missouri	30 = Montana
31 = Nebraska	32 = Nevada	33 = New Hampshire
34 = New Jersey	35 = New Mexico	36 = New York
37 = North Carolina	38 = North Dakota	39 = Ohio
40 = Oklahoma	41 = Oregon	42 = Pennsylvania
43 = Puerto Rico	44 = Rhode Island	45 = South Carolina
46 = South Dakota	47 = Tennessee	48 = Texas
49 = Utah	50 = Vermont	51 = Virginia
53 = Washington	54 = West Virginia	55 = Wisconsin
56 = Wyoming	99 = Other	

Table III: SSA State Codes (R9) (first two digits of provider number)

01 = Alabama	02 = Alaska	03 = Arizona
04 = Arkansas	05 = California	06 = Colorado
07 = Connecticut	08 = Delaware	09 = Washington, D. C.
10 = Florida	11 = Georgia	12 = Hawaii
13 = Idaho	14 = Illinois	15 = Indiana
16 = Iowa	17 = Kansas	18 = Kentucky
19 = Louisiana	20 = Maine	21 = Maryland
22 = Massachusetts	23 = Michigan	24 = Minnesota
25 = Mississippi	26 = Missouri	27 = Montana
28 = Nebraska	29 = Nevada	30 = New Hampshire
31 = New Jersey	32 = New Mexico	33 = New York
34 = North Carolina	35 = North Dakota	36 = Ohio
37 = Oklahoma	38 = Oregon	39 = Pennsylvania
40 = Puerto Rico	41 = Rhode Island	42 = South Carolina
43 = South Dakota	44 = Tennessee	45 = Texas
46 = Utah	47 = Vermont	49 = Virginia
50 = Washington	51 = West Virginia	52 = Wisconsin
53 = Wyoming	99 = Other	

Table IV: Cost Report Status (R12)

1 = As Submitted	2 = Settled Without Audit
3 = Settled With Audit	4 = Reopened

Table V: Census Divisions (R13)

0 = National	1 = New England
2 = Middle Atlantic	3 = South Atlantic
4 = East North Central	5 = East South Central
6 = West North Central	7 = West South Central
8 = Mountain	9 = Pacific

Table VI: HCFA REGIONS (R14)

1 = Boston	2 = New York
3 = Philadelphia	4 = Atlanta
5 = Chicago	6 = Dallas
7 = Kansas City	8 = Denver
9 = San Francisco	10 = Seattle